Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/23/13	Address:	7811 US 150
Incident #:	13ISPC012414		Shoals, Indiana
County :	Martin		47581
Type of Lab	oratory Seizure (check one)	Seizure Location	(check all that annly)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
(check all that	l: Location (bedroom, kitchen, open air, o t apply) or Birch Reaction(s): <u>Burned up in wo</u>		
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: <u>Kitchen Cabnet</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: Kitchen Cabnet			
Corrosive Base:			
Other (item and location):			
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
☐ Yes	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated le	itions of home: clean disarray ngth of time manufacturing had been process nformation:
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County Shoals Fire, Shoals, Marin Health Department County: Martin Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetan Officer: Stephen D. Sexton Phone	nine laboratory, cont e <u>812-482-1441</u>	tact
*This form is to b	be faxed to the Fire Department, Health Department	tment and/or Departmen	at of Child Services listed within 24 hours of

scene processing.

MSS 04-18-2013